U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P t. 86-257, as amended Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 855    2   File Start Year Covered From	OLMS OF			
Name Alv: War Street  Street  City High Po: A  Street ZIP Code +4 2016  Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interes (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including boans) with, or derived income an employer whose employees your organization represents or is actively seeking to represent.  3. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any:  P O Box, Bilding and Room Number, if any  Street  State NC ZIP Code +4 2012  State NC ZIP Code +4 2012  State NC ZIP Code +4 2012  The except as specified in the exclusions set forth in the instructional;  A. Held an interest in, engaged in transactions (including boans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  3. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any:  P O Box, Bildg, Room No , if any  Street  7 b Amount.  15. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	1 File Number U - 8957	2 Fiscal Year Covered From		
Name Alv: Warwick    Name Alv: Warwick   Labor Organization File Number 5/7/3/		1/1/04 Through 12/31/64		
Labor Organization File Number 5/7/83    PO Box Bidg, Room No, If any   Po Box Lo 473     Street   S	3 Name and address of person filing	3 Name, file number, and address of labor organization		
Street  Street  Street  City High Point State NC ZIP Code + 4 20162  Fostition in labor organization  Interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  Name  Trade Name, if any:  P O Box, Bidg, Room No, if any  Street  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	Name Alvin Warwick	Name IBEW LU 342		
Street  City High Point State NC ZIP Code + 4 27262  State NC ZIP Code + 4 27262  State NC ZIP Code + 4 27262  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interess (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  3 Name and address of Employer (including trade name; if any)  Name  Trade Name, if any:  P O Box, Bidg, Room No, if any  Street  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perfury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		Labor Organization File Number 5/763/		
State NC ZIP Code +4 27262  State NC ZIP Code +4 27127  5 Position in labor organization Union Trustee  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interest (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  3 Name and address of Employer (including trade name, if any)  Name  Trade Name, if any:  PO Box, Bidg , Room No , if any  Street  City  State  ZIP Code +4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	PO Box, Bldg , Room No , if any Po Box 6433	P O Box, Building and Room Number, if any		
State NC ZIP Code +4 27120  5 Position in labor organization Union Trustee  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interest (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  3 Name and address of Employer (including trade name, if any)  Name  Trade Name, if any:  P O Box, Bldg, Room No, if any  Street  7 b Amount.  Signature  15. Signature and vertification. The undersigned deciares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	Street	Street 454 E. Monmouth St.		
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Street  City  State  ZIP Code + 4  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions )		1.		
State  ZIP Code + 4  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions )	Trade Name, if any:	N/A		
State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions )	P O Box, Bldg , Room No , if any			
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information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions )	Signature			
Signed On 8-10-05 336-721-0400  Date Telephone Number	information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory			
Date Telephone Number	Signed O U	on 8-10-05 336-721-0400		
Form LM-30 (2003) Page 1	Form LM-30 (2003)	Page 1 of 2		

Huiz Warnick Name of Person Filing File Number U-B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8 Name and address of Business (including trade name, if any) 9 Business deals with. \_\_\_ a Labor Organization Trade Name, if any: \_\_\_\_ P O Box, Bidg , Room No , if any \_\_\_\_\_ \_\_\_ c Employer State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_ 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name. Nama L4342 Health Funt 2004 Travel Expenses to Attend Trusters Trade Name if any Southern Electrical Health meet: -99 P O Box, Bldg , Room No , if any \_\_\_\_ Street 3928 Volunteer Dr. 11 b Approximate dollar value of such dealing 4 609 45 City Chattan ooga. 12 a. Nature of interest held or income received State TN 71P Code + 4 37416 Reinsburged Expenses 12.b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 13 a Name and address of Employer or Labor Relations Consultant 14 a Nature of payment. (including trade name, if any). Name Trade Name, if any: P O Box, Bldg , Room No , if any ZIP Code + 4 14 b Amount of payment 13 a Is the Business an Employer or Consultant